



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

## CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0172	1	Miles City Elem	09	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.

(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

<b>Signature of District Superintendent or Board Chairperson</b>		<b>Street Address or P.O. Box</b>	
		1604 Main Street	
<b>Printed Name of Authorized Official</b>		<b>City</b>	<b>Zip Code</b>
		Miles City	59301
<b>Title</b>		<b>Date</b>	

Send completed form to:  
School Accounting and Budgeting  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:**

<b>Approved Rate for FY2004</b>	Date Approved
	Signature



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Linda McCulloch, Superintendent  
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Helena, MT 59620-2501

## CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0173	3	Kircher Elem	09	EL

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
Printed Name of Authorized Official		Route 1 Box 2352	
		City	Zip Code
		Miles City	59301
Title		Date	

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Office of Public Instruction  
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## CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0177	13	Trail Creek Elem	09	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_% (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

<b>Signature of District Superintendent or Board Chairperson</b>		<b>Street Address or P.O. Box</b>	
		HC 80 Box 18	
<b>Printed Name of Authorized Official</b>		<b>City</b>	<b>Zip Code</b>
		Ismay	593369701
<b>Title</b>		<b>Date</b>	

Send completed form to:  
School Accounting and Budgeting  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

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## CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0179	16J	Spring Creek Elem	09	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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		HC 80 Box 18	
<b>Printed Name of Authorized Official</b>		<b>City</b>	<b>Zip Code</b>
		Ismay	59336
<b>Title</b>		<b>Date</b>	

Send completed form to:  
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Office of Public Instruction  
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Helena, MT 59620-2501

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## CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0182	38	Cottonwood Elem	09	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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		HC 80 Box 18	
<b>Printed Name of Authorized Official</b>		<b>City</b>	<b>Zip Code</b>
		Ismay	59336
<b>Title</b>		<b>Date</b>	

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	Signature



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## CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0184	43	Moon Creek Elem	09	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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<b>Signature of District Superintendent or Board Chairperson</b>		<b>Street Address or P.O. Box</b>	
		Box 1262	
<b>Printed Name of Authorized Official</b>		<b>City</b>	<b>Zip Code</b>
		Miles City	59301
<b>Title</b>		<b>Date</b>	

Send completed form to:  
School Accounting and Budgeting  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:**

<b>Approved Rate for FY2004</b>	Date Approved
	Signature



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

## CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0187	63	Kinsey Elem	09	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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<b>Signature of District Superintendent or Board Chairperson</b>		<b>Street Address or P.O. Box</b>	
		HC 46 Box 396	
<b>Printed Name of Authorized Official</b>		<b>City</b>	<b>Zip Code</b>
		Kinsey	59338
<b>Title</b>		<b>Date</b>	

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Helena, MT 59620-2501

## CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0189	83	S Y Elem	09	EL

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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<b>Signature of District Superintendent or Board Chairperson</b>		<b>Street Address or P.O. Box</b>	
		HC 40 Box 6592	
<b>Printed Name of Authorized Official</b>		<b>City</b>	<b>Zip Code</b>
		Miles City	59301
<b>Title</b>		<b>Date</b>	

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Helena, MT 59620-2501

## CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0190	86	S H Elem	09	EL

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<b>Signature of District Superintendent or Board Chairperson</b>		<b>Street Address or P.O. Box</b>	
		214 N Cottage	
<b>Printed Name of Authorized Official</b>		<b>City</b>	<b>Zip Code</b>
		Miles City	59301
<b>Title</b>		<b>Date</b>	

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Helena, MT 59620-2501

## CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0192	1	Custer County H S	09	HS

**Proposed Restricted Indirect Cost Rate** \_\_\_\_\_ % (Round to nearest hundredth (X.XX%) of a percent.)

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		Miles City	59301
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